

IN THE CLAIMS:

Delete claims 1 – 16, without waiver or prejudice.

No new matter has been added.

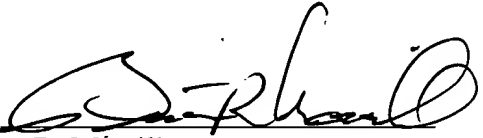
No fee is determined to be due for this submission. However, The Assistant Commissioner is hereby authorized to charge any additional fees that may be deemed to be due and to credit any overpayment to Deposit Account Number 50-0590. 2 copies of this letter are enclosed.

Respectfully submitted,

BIOMEASURE, INCORPORATED

Date: 6-June-2001

27 Maple Street
Milford, Massachusetts 01757-3650

By: 
Brian R. Morrill
Registration No.: 42,908
Tel: 508/478-0144
Fax: 508/ 473-3531